

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90152 010 \*\*\*150.00

**DOCUMENT # P00000032420**

**1. Entity Name**  
**MISTY MOUNTAIN, INC.**



**Principal Place of Business**  
**8816 N.W. 168TH LANE**  
**MIAMI FL 33018**

**Mailing Address**  
**8816 N.W. 168TH LANE**  
**MIAMI FL 33018**

**2. Principal Place of Business**

**3. Mailing Address**

**8004 NW 154th**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**PMB 242**

**City & State**

**City & State**

**Miami Lakes, FL**

**Zip**

**Country**

**Zip**

**Country**

**33016**

**USA**



☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number 65-0996216**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent:**

**ARANDA, PEDRO M**  
**8816 N.W. 168TH LANE**  
**MIAMI FL 33018**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

**Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**FILE NOW!!! FEE IS \$150.00 \***

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ARANDA, PEDRO M</b>	
<b>STREET ADDRESS</b>	<b>8816 N.W. 168TH LANE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33018</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ARANDA, IDARMIS</b>	
<b>STREET ADDRESS</b>	<b>8816 N.W. 168TH LANE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33018</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2-24-03**

**(305) 904-9228**

**Date**

**Daytime Phone #**

CR2E034 (10/02)